

HALES CORNERS CARE CENTER
9449 WEST FOREST HOME AVENUE

HALES CORNERS 53130 Phone: (414) 529-6888
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 62
Total Licensed Bed Capacity (12/31/03): 62
Number of Residents on 12/31/03: 59

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 60

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		20.3
Supp. Home Care-Personal Care	No					1 - 4 Years		37.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		11.9
Day Services	No	Mental Illness (Org./Psy)	33.9	65 - 74	3.4			----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	44.1			69.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	8.5	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	13.6		-----	RNs		13.3
Referral Service	No	Diabetes	1.7	Gender	%	LPNs		11.9
Other Services	Yes	Respiratory	11.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.5	Male	18.6	Aides, & Orderlies		
Mentally Ill	No		----	Female	81.4			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	16	100.0	317	12	92.3	132	0	0.0	0	30	100.0	212	0	0.0	0	0	0.0	58	98.3
Intermediate	---	---	---	1	7.7	111	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	16	100.0		13	100.0		0	0.0		30	100.0		0	0.0		0	0.0	59	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	1.4	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.2	Bathing	0.0	84.7	15.3	59
Other Nursing Homes	6.5	Dressing	5.1	79.7	15.3	59
Acute Care Hospitals	84.9	Transferring	10.2	72.9	16.9	59
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	10.2	72.9	16.9	59
Rehabilitation Hospitals	2.9	Eating	61.0	28.8	10.2	59
Other Locations	2.2	*****				
Total Number of Admissions	139	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	1.7	Receiving Respiratory Care	8.5	
Private Home/No Home Health	15.6	Occ/Freq. Incontinent of Bladder	54.2	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	24.8	Occ/Freq. Incontinent of Bowel	50.8	Receiving Suctioning	0.0	
Other Nursing Homes	1.4			Receiving Ostomy Care	1.7	
Acute Care Hospitals	11.3	Mobility		Receiving Tube Feeding	3.4	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	5.1	Receiving Mechanically Altered Diets	35.6	
Rehabilitation Hospitals	0.0					
Other Locations	15.6	Skin Care		Other Resident Characteristics		
Deaths	31.2	With Pressure Sores	5.1	Have Advance Directives	93.2	
Total Number of Discharges (Including Deaths)	141	With Rashes	3.4	Medications		
				Receiving Psychoactive Drugs	69.5	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.8	84.7	1.14	88.1	1.10	86.6	1.12	87.4	1.11
Current Residents from In-County	86.4	81.8	1.06	88.7	0.97	84.5	1.02	76.7	1.13
Admissions from In-County, Still Residing	19.4	17.7	1.10	20.6	0.94	20.3	0.96	19.6	0.99
Admissions/Average Daily Census	231.7	178.7	1.30	189.9	1.22	157.3	1.47	141.3	1.64
Discharges/Average Daily Census	235.0	180.9	1.30	189.2	1.24	159.9	1.47	142.5	1.65
Discharges To Private Residence/Average Daily Census	95.0	74.3	1.28	75.8	1.25	60.3	1.58	61.6	1.54
Residents Receiving Skilled Care	98.3	93.6	1.05	94.9	1.04	93.5	1.05	88.1	1.12
Residents Aged 65 and Older	100	84.8	1.18	91.0	1.10	90.8	1.10	87.8	1.14
Title 19 (Medicaid) Funded Residents	22.0	64.1	0.34	48.6	0.45	58.2	0.38	65.9	0.33
Private Pay Funded Residents	50.8	13.4	3.79	30.8	1.65	23.4	2.18	21.0	2.43
Developmentally Disabled Residents	0.0	1.1	0.00	0.4	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	33.9	32.2	1.05	31.3	1.08	33.5	1.01	33.6	1.01
General Medical Service Residents	30.5	20.8	1.47	24.1	1.27	21.4	1.43	20.6	1.48
Impaired ADL (Mean)	49.5	51.8	0.95	48.8	1.01	51.8	0.96	49.4	1.00
Psychological Problems	69.5	59.4	1.17	61.9	1.12	60.6	1.15	57.4	1.21
Nursing Care Required (Mean)	7.2	7.4	0.97	6.8	1.06	7.3	0.99	7.3	0.98